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Department of
Agriculture

Food and
Nutrition
Service

WIC Breastfeeding Promotion Study and Demonstration

Phase IV Report • Volume II

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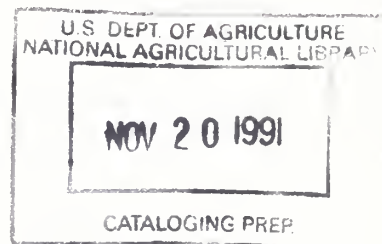


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VOLUME II

APPENDIXES

This second volume of the phase IV report consists of three appendixes containing background information on the Special Supplemental Food Program for Women, Infants, and Children (WIC) and information related to the demonstration. Appendix A presents a brief overview of the WIC program. This is followed by two appendixes with supplemental material for phase IV: appendix B which describes the demonstration methodology in detail; and appendix C which contains copies of data collection instruments.



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APPENDIX A

OVERVIEW OF THE WIC PROGRAM

Background

The Special Supplemental Food Program for Women, Infants, and Children (WIC) serves low-income pregnant, postpartum, and breastfeeding women, infants, and preschool children who are at nutritional risk. The program is unique among Federal food assistance programs in that it provides specified supplemental nutritious foods and nutrition education and also serves as an adjunct to health care either directly or through referrals. WIC's purpose is to prevent health problems and improve the health of program participants during critical times of personal growth and development.

Legislation and Funding

The WIC program was established in 1972 by Public Law 92-433, which added it as Section 17 to the Child Nutrition Act of 1966. Originally, the program was a 2-year pilot project, but it was later made permanent. WIC's appropriations have expanded from \$20 million for the first 2 years to approximately \$2.126 billion for fiscal year 1990. The funds pay for supplemental foods and specified costs for program services and administration.

Participants

WIC is not an open-ended entitlement program but must operate within the funding levels established each year by Congress. Therefore, the number of participants in the program each year depends upon the total amount of funds made available and the allocation of these funds by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA) to individual States. Since 1977, WIC regulations have specified a participant priority system to determine which applicants will be enrolled when a local agency has reached its maximum participation level. The current priority levels are as follows.

- | | |
|--------------------|--|
| Priority I | Pregnant women, breastfeeding women, and infants at nutritional risk as demonstrated by hematological or anthropometric measurements, or other documented nutritionally related medical conditions which demonstrate the person's need for supplemental foods. |
| Priority II | Except those infants who qualify for Priority I, infants up to 6 months of age of WIC participants who participated during |

pregnancy, and infants up to 6 months of age born of women who were not program participants during pregnancy but whose medical records document that they were at nutritional risk during pregnancy due to nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions which demonstrated the person's need for supplemental foods.

- Priority III** Children at nutritional risk as demonstrated by hematological or anthropometric measurements or other documented medical conditions which demonstrate the child's need for supplemental foods.
- Priority IV** Pregnant women, breastfeeding women, and infants at nutritional risk because of an inadequate dietary pattern.
- Priority V** Children at nutritional risk because of an inadequate dietary pattern.
- Priority VI** Nonbreastfeeding postpartum women at nutritional risk.

Program regulations also permit State agencies to assign high-risk, postpartum women to a higher priority level. They also permit establishment of an optional Priority VII to be reserved for previously certified participants with no current problems but who may regress in nutritional or health status without continued availability of benefits.

In summary, the individuals named above constitute five major target groups:

- pregnant women
- breastfeeding women (up to 12 months after delivery)
- infants
- children (up to 5 years of age)
- postpartum women (up to 6 months after delivery, if not breastfeeding)

To be eligible, an individual must meet income eligibility guidelines established by his/her State, meet the State's residency requirements, and be determined to be at "nutritional risk" by a health professional. The Federal income eligibility criterion is specified as gross family income not exceeding 185 percent of the non-farm, poverty income defined by the Office of Management and Budget. State WIC agencies may set more stringent

eligibility requirements, but not lower than 100 percent of the poverty level.

Nutritional risk classifications are made on the basis of biochemical or anthropometric measurements, nutrition related medical conditions, or by dietary assessment. Program regulations leave to individual State and local agencies the responsibility for developing appropriate screening systems and establishing operational definitions for each of these nutritional risk criteria.

Administration

The WIC program is administered by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA). Federal funds for program operations are provided by FNS as grants-in-aid to State health departments (or comparable agencies) and to Indian tribes or groups recognized by the Bureau of Indian Affairs, U.S. Department of the Interior, or the Indian Health Service, U.S. Department of Health and Human Services. Funds are then distributed by the State agency to participating local health agencies, including public or private nonprofit health or human service agencies. Local agencies may operate one or more service sites. Priority for setting up local programs is given to areas whose populations need benefits most, based on high rates of infant mortality, low birthweight, and low income. Currently, WIC operates through State health departments in 50 States, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands. Additionally, 33 Indian tribal councils and organizations serve as WIC State agencies. Approximately 1,700 local agencies serve about 4.5 million participants through 8,000 clinic sites.

Benefits

The WIC program aims to improve the health of participants by providing three specific benefits--nutritious supplemental food, nutrition education, and linkages with health care providers--and thus narrows the gaps in maternal and child health care associated with poverty. The supplemental foods are high in protein, calcium, iron, and vitamins A and C, which are the nutrients most lacking in the diets of pregnant, breastfeeding, and postpartum women; infants; and children at nutritional risk. Foods provided in the WIC program include milk, infant formula, fruit juice that is high in vitamin C, cheese, eggs, iron-fortified cereals, and peanut butter, dried beans or peas. These foods are provided to program participants in one of three ways. The most common food delivery system is retail purchase (redeeming vouchers at approved retail grocers), followed by delivery of food to participants' homes, and direct distribution

(participants pick up prescribed foods at a local WIC agency or warehouse).

The second program benefit of nutrition education is provided by nurses, nutritionists (who may or may not be registered dietitians), or nutrition aides. Legislation stipulates that at least one-sixth of a State agency's administrative funds be spent on nutrition education, of which breastfeeding promotion is a component. All pregnant women participating in WIC must be encouraged to breastfeed unless contraindicated for health reasons. Program regulations require that at least two nutrition education contacts be made available to all adult participants and the parents or principal caretakers, and whenever possible to child participants themselves.

In addition to the nutritionists that each local agency employs, each State agency with monthly participation greater than 1,500, employs a full-time nutritionist (or a half-time nutritionist when participation exceeds 500) to carry out specified nutrition education responsibilities. The nutritionist serves as the State WIC Nutrition Coordinator. Such responsibilities include the provision of inservice training and technical assistance to WIC educators, identification and development of nutrition education resources and materials, and monitoring and evaluation of local agency nutrition education activities.

The third benefit of the WIC program is that local agencies are required to make ongoing routine pediatric and obstetric care services available and make referrals to programs such as immunization, family planning, and drug and alcohol abuse counseling/treatment. Usually an integral part of the health care system, the WIC program encourages the use of existing services, including prenatal and postpartum health supervision and infant and child health care. Most WIC services are located in or near hospitals or public health facilities in which participants are already enrolled for health care or to which they can be referred.

Breastfeeding Promotion in WIC

Increasing breastfeeding prevalence in the United States has become an official health objective for the Nation since the U.S. Surgeon General articulated the objective in 1978. Since one of the goals of the WIC program is to improve the nutritional status of infants, USDA has for the past several years carried out many significant efforts to promote breastfeeding in the program. These include:

- establishing various regulatory provisions to encourage WIC mothers to breastfeed and to provide appropriate nutritional support for breastfeeding participants

- developing breastfeeding education materials to help local agency staff teach WIC participants about breastfeeding
- participating in cooperative efforts with other Federal agencies and organizations, such as the U.S. Department of Health and Human Services and the Healthy Mothers, Healthy Babies Coalition
- funding a variety of breastfeeding projects including a breastfeeding promotion study

In mid-1990, USDA published regulations to implement new legislative mandates of Public Law 101-147 enacted in November 1989 to promote breastfeeding in the WIC program. The statutory requirements include establishing a definition for the term "breastfeeding"; establishing standards for breastfeeding promotion; designating a State breastfeeding promotion coordinator; and including breastfeeding promotion activities in the State plan of operation and administration.

WIC State and local agencies have always been allowed great flexibility in the provision of breastfeeding promotion as an important component of WIC nutrition education. This has led to a multiplicity of breastfeeding promotion activities in the WIC program.

APPENDIX B

DEMONSTRATION METHODOLOGY

Background

The Breastfeeding Promotion Study and Demonstration for the Special Supplemental Food Program for Women, Infants, and Children (WIC) was conducted by Development Associates for the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA). The project was undertaken to assist State and local agencies in their efforts to increase breastfeeding incidence and duration among WIC women. In addition, the project responds to The Report of the Surgeon General's Workshop on Breastfeeding & Human Lactation that requested USDA to increase funding for research related to breastfeeding and to improve support for lactation in WIC.¹

In phases I-III of the project, information on breastfeeding promotion approaches in selected WIC local agencies was collected and analyzed, and described in an FNS publication entitled Promoting Breastfeeding in WIC: A Compendium of Practical Approaches. That information provided the basis for the demonstration of breastfeeding promotion approaches at seven WIC sites during phase IV, the final phase of the study.

The phase IV demonstration had two objectives:

- o to document the process and effectiveness of breastfeeding promotion approaches implemented at seven local WIC agencies
- o to identify implementation barriers and ways sites attempted to overcome these barriers

The model used by WIC local agencies participating in the demonstration involved the following components:

- o a special group, such as a task force or committee, coordinating breastfeeding promotion and support activities for WIC participants
- o a prenatal component which addressed participants' concerns and lack of knowledge about breastfeeding, and which incorporated positive peer influence

¹U.S. Department of Health and Human Services, Public Health Services. (1984). Report of the Surgeon General's Workshop on Breastfeeding & Human Lactation. Washington, D.C.: U.S. Government Printing Office.

- o an inhospital/postpartum component which provided early followup and support after birth

Within this framework, local agencies chose their own breastfeeding promotion approaches.

Local Agency Selection

As part of the site selection process, advance notification materials were prepared and sent to all WIC State agencies and FNS regional offices. The advance notification contained a summary of the project and plans for phase IV plus two announcements of the demonstration efforts and competition procedures: one intended for distribution as a flyer, the other a one-paragraph version suitable for insertion in newsletters or other mailings. The notification indicated that preference would be given to WIC local agencies not currently using a fully developed breastfeeding promotion model. Separate solicitation packets were developed and mailed to State agencies in July 1988.

In all, 35 WIC State agencies responded to the request for application. The selection committee convened in August 1988 to select the seven demonstration sites. The committee consisted of four members, comprising two teams, each with a nutritionist and evaluation specialist. One team was responsible for three FNS regions and the other team responsible for four regions.

Each application was read and scored by a first reader, using the forms shown in exhibits 1 and 2. After all forms in a region were read, reviewers met to discuss the sites and agree on a composite score. The site with the highest score was recommended to the full selection committee to be the demonstration site for the region, and the site with the next highest score was recommended to be the alternate. The full committee held a final meeting to analyze the recommendations and consider the extent to which the seven high-scoring sites as a group were representative of the larger WIC population and WIC site characteristics. The seven local agencies which the committee recommended to FNS for inclusion in the demonstration were:

- o Valley Opportunity Council, Inc.
Chicopee, Massachusetts
- o Family Health Council
Pittsburgh, Pennsylvania
- o Palm Beach County Public Health Unit
West Palm Beach, Florida
- o La Crosse County Health Department
La Crosse, Wisconsin

EXHIBIT 1

Demonstration Site Selection Summary Sheet

Local Agency _____

Proposed Service Site(s) (if different) _____

FNS Region _____ State _____

Qualifying Criteria: Yes or No

_____ At least 25 new prenatals/mo. _____ Average new
prenatals enrolled monthly

_____ Data collection plan

_____ Treatment plan includes the three required elements

Representativeness

Ethnicity or racial group(s) served _____

Local setting (urban/suburban/rural) _____

Size (total caseload) _____

Integrated with health services (yes or no) _____

Overall Recommendation

Accept for further consideration _____

Not accept for further consideration _____

If not accepted, give reason:

Composite Score _____

EXHIBIT 2

Demonstration Site Selection Scoring Sheet

Local Agency _____ State _____

Strength of Application: For each criterion listed below, consider the dimensions of: clear, resourceful, complete, and well-designed. Assign a raw score of 4, 3, 2, 1, or 0 based on the definitions below, then multiply each by the assigned weight to arrive at weighted scores. Total weighted scores.

- 4 = Excellent
- 3 = Good
- 2 = Fair
- 1 = Poor
- 0 = Unacceptable

Criterion	Raw Score		Weighted Score
Objectives	_____	x 1 =	_____
Treatment Plan	_____	x 2 =	_____
Data Collection Plan	_____	x 2 =	_____
Staffing Plan	_____	x 1 =	_____
Budget	_____	x 1 =	_____

TOTAL _____

Major strengths of application:

Major weaknesses:

Reviewer _____ Date _____

- o Cherokee Nation WIC Program
Tahlequah, Oklahoma
- o Columbia/Boone County Health Department
Columbia, Missouri
- o Public Health District V
Twin Falls, Idaho

Documentation of Demonstration Process and Outcomes

The plan for documenting the demonstration process and its outcomes included the collection of:

- o background data concerning site characteristics and the social/cultural context in which the demonstration occurred
- o baseline and demonstration outcome data relating to the incidence and duration of breastfeeding
- o data concerning the implementation of the demonstration
- o data on barriers to breastfeeding promotion and possible ways to overcome them

Development Associates' staff in collaboration with FNS established a minimum data set for the baseline and demonstration periods. This data set was the minimum necessary to evaluate sites' implementation of breastfeeding promotion activities. Recognizing that a fuller understanding of background, process, and outcome would be possible if additional information were collected, Development Associates worked with sites willing to collect additional information. Exhibit 3 relates the data objectives to data collection instruments and activities. Each of these instruments and activities is discussed below.

Site Visit

Following the award of the grants, Development Associates' staff visited each demonstration site in October or November of 1988 to discuss the baseline and demonstration phases and the implementation and reporting responsibilities of the demonstration sites. Also while on site, the Development Associates' staff member:

- o reviewed forms for reporting to Development Associates at the end of baseline, 6, and 12 months of the demonstration
- o reviewed analysis procedures for baseline data, and 6 and 12 months demonstration data

EXHIBIT 3

Data Collection Objectives Related to Data Collection Instruments and Activities

- Objective: Background data concerning site characteristics and the social/cultural context in which the demonstration occurred.
- Instruments:
- o Application form
 - o Baseline report
 - o Site-visit report
- Objective: Baseline and demonstration outcome data relating to the incidence and duration of breastfeeding.
- Instruments:
- o Baseline report
 - o Local agency final report
- Objective: Data on breastfeeding promotion barriers and process data concerning the implementation of the demonstration.
- Instruments:
- o Application form
 - o Site-visit report
 - o Six-month report
 - o Local agency final report
 - o Technical assistance and telephone notes

- o identified staff responsible for completing forms and overseeing data collection and analysis

Baseline Data Collection

The primary goal of baseline data collection was to establish a comparison period against which the impact of the intervention could be measured. Sites were asked to report information concerning the feeding experience of WIC mothers whose infants attained the age of 3 months during the baseline period. A baseline report documented the incidence and duration of breastfeeding during the baseline period. Incidence was defined as the proportion of women who ever breastfed their infants. Breastfeeding duration was documented through recording the infant feeding pattern of baseline sample women at hospital discharge, 6 weeks, and 3 months. For each of the three time periods, the site reported the proportion of infants exclusively breastfed, exclusively bottle-fed, and mixed breastfed and bottle-fed. The baseline minimum data report form required from the site is shown in exhibit 4. The local agency could propose any method it desired for collecting the baseline minimum data set; e.g., an agency could rely primarily on existing records. The only requirement was that the procedures would reliably provide answers to the minimum data set questions. If the local agency staff desired, they could collect more specific information than required by the minimum data set.

Baseline data collection occurred during October, November, and December of 1988. At the end of this period, site staff prepared a Baseline Data Collection Report containing the following information:

- o breastfeeding promotion services provided during the baseline period
- o perceived social and cultural barriers to increased breastfeeding
- o perceived programmatic barriers to increased breastfeeding
- o activities required to date to initiate each of the demonstration interventions
- o resources required (in particular, staff time, training and other costs, and educational materials)

Demonstration Data Collection

Both outcome and process data were collected during the demonstration. At the end of the demonstration, a minimum set of data relating to breastfeeding outcomes was collected. The

EXHIBIT 4

Baseline Minimum Data Set Reporting Form

- D1. Number of WIC mothers included in baseline sample: _____
- D2. Number of infants of WIC mothers in baseline sample who attained the age of 3 months during the baseline period: _____
- D3. WAS INFANT EVER BREASTFED?
- Number of infants who were ever breastfed: _____
- Number of infants who were not ever breastfed: _____
- D4. HOW WAS THE INFANT FED AT HOSPITAL DISCHARGE?
- Number of infants who were:
- Breastfed exclusively _____
- Mixed breastfed and formula-fed _____
- Formula-fed exclusively _____
- D5. HOW WAS THE INFANT FED AT 6 WEEKS?
- Number of infants who were:
- Breastfed exclusively _____
- Mixed breastfed and formula-fed _____
- Formula-fed exclusively _____
- D6. HOW WAS THE INFANT FED AT 3 MONTHS?
- Number of infants who were:
- Breastfed exclusively _____
- Mixed breastfed and formula-fed _____
- Formula-fed exclusively _____

demonstration minimum data set reporting form (exhibit 5) was divided into three parts. Part A requested information about breastfeeding incidence and duration, specifically:

- o the proportion of mothers who ever breastfed their infants
- o the proportion of mothers who at hospital discharge were exclusively breastfeeding their infants, exclusively bottle-feeding their infants, or both breastfeeding and bottle-feeding their infants
- o the proportion of mothers who at 6 weeks postpartum were exclusively breastfeeding their infants, exclusively bottle-feeding their infants, or both breastfeeding and bottle-feeding their infants
- o the proportion of mothers who at 3 months postpartum were exclusively breastfeeding their infants, exclusively bottle-feeding their infants, or both breastfeeding and bottle-feeding their infants.
(Because the demonstration year concluded prior to their being 3 months postpartum, this information was not be available for some women.)

Part B of the demonstration minimum data set reporting form organized the demonstration sample into the following five groups according to whether or not they received prenatal or postpartum demonstration interventions:

- o Group A--those who received both a demonstration prenatal intervention and a demonstration postpartum intervention
- o Group B--those who received a demonstration prenatal intervention but not a demonstration postpartum intervention
- o Group C--those who received a demonstration postpartum intervention but not a demonstration prenatal intervention
- o Group D--those who received neither a demonstration prenatal intervention nor a demonstration postpartum intervention
- o Group E--those for whom there is incomplete information concerning which if any interventions were received

Finally, in part C, incidence and duration data in part A for the demonstration sample as a whole were to be separately reported for each of the five groups identified in part B.

EXHIBIT 5

Demonstration Minimum Data Set Reporting Form

PART A

1. Total number of women in demonstration sample (defined as all women who enrolled prenatally in the WIC program during the first four months of the demonstration): ____

(In the following four items, questions asked of women in the demonstration sample appear in upper case.)

2. WAS INFANT EVER BREASTFED? Number responding:

Yes ____ No ____

3. HOW WAS THE INFANT FED AT HOSPITAL DISCHARGE? Number responding:

Breastfed exclusively ____ Mixed breastfed and bottle-fed ____ Bottle-fed exclusively ____

4. HOW WAS THE INFANT FED AT 6 WEEKS? Number responding:

Breastfed exclusively ____ Mixed breastfed and bottle-fed ____ Bottle-fed exclusively ____

5. HOW WAS THE INFANT FED AT 3 MONTHS? Number responding:

Breastfed exclusively ____ Mixed breastfed and bottle-fed ____ Bottle-fed exclusively ____

PART B

1. Of total number of women in demonstration sample, number of women who:

a. received both a demonstration prenatal intervention and a demonstration postpartum intervention: ____ (this is group A)

b. received a demonstration prenatal intervention but not a demonstration postpartum intervention: ____ (this is group B)

c. received a demonstration postpartum intervention but not a demonstration prenatal intervention: ____ (this is group C)

d. received neither a demonstration prenatal intervention nor a demonstration postpartum intervention: ____ (this is group D)

e. there is incomplete intervention participation information: ____ (this is group E)

EXHIBIT 5 (CONT.)

PART C

Complete the following matrix with regard to the group defined in Part B.

<u>Group</u>	<u>Ever Breastfeed</u>	<u>Infant Feeding at Hospital Discharge</u>	<u>Infant Feeding at 6 Weeks</u>	<u>Infant Feeding at 3 Months</u>
Group A	Yes <input type="checkbox"/>	Exc. breastfed <input type="checkbox"/>	Exc. breastfed <input type="checkbox"/>	Exc. breastfed <input type="checkbox"/>
	No <input type="checkbox"/>	Exc. bottle-fed <input type="checkbox"/>	Exc. bottle-fed <input type="checkbox"/>	Exc. bottle-fed <input type="checkbox"/>
		Mixed <input type="checkbox"/>	Mixed <input type="checkbox"/>	Mixed <input type="checkbox"/>
Group B	Yes <input type="checkbox"/>	Exc. breastfed <input type="checkbox"/>	Exc. breastfed <input type="checkbox"/>	Exc. breastfed <input type="checkbox"/>
	No <input type="checkbox"/>	Exc. bottle-fed <input type="checkbox"/>	Exc. bottle-fed <input type="checkbox"/>	Exc. bottle-fed <input type="checkbox"/>
		Mixed <input type="checkbox"/>	Mixed <input type="checkbox"/>	Mixed <input type="checkbox"/>
Group C	Yes <input type="checkbox"/>	Exc. breastfed <input type="checkbox"/>	Exc. breastfed <input type="checkbox"/>	Exc. breastfed <input type="checkbox"/>
	No <input type="checkbox"/>	Exc. bottle-fed <input type="checkbox"/>	Exc. bottle-fed <input type="checkbox"/>	Exc. bottle-fed <input type="checkbox"/>
		Mixed <input type="checkbox"/>	Mixed <input type="checkbox"/>	Mixed <input type="checkbox"/>
Group D	Yes <input type="checkbox"/>	Exc. breastfed <input type="checkbox"/>	Exc. breastfed <input type="checkbox"/>	Exc. breastfed <input type="checkbox"/>
	No <input type="checkbox"/>	Exc. bottle-fed <input type="checkbox"/>	Exc. bottle-fed <input type="checkbox"/>	Exc. bottle-fed <input type="checkbox"/>
		Mixed <input type="checkbox"/>	Mixed <input type="checkbox"/>	Mixed <input type="checkbox"/>

As with the baseline data, local agency staff could use any data collection method they desired, as long as the method reliably collected the minimum data set for the demonstration. Also, as with the baseline data, local agency staff could collect more detailed information on the demonstration study sample.

Demonstration sites submitted two reports based on the demonstration sample. The 6-month report contained descriptive information on the study sample. The local agency final report contained the completed minimum data set for the full 12-month demonstration period.

Each of the local agencies participating in the demonstration also supplied process data relating to the implementation of the intervention. Some process information, such as the goals and objectives of the demonstration, was contained in the application. Process information relating to demonstration startup was part of the baseline local agency report. Two other instruments which supplied important process information were the 6-month local agency report and the local agency final report.

Technical Assistance Documentation

Telephone technical assistance was also available to sites through the baseline and demonstration periods. This assistance was aimed at facilitating data collection and analysis, and clarifying reporting requirements.

Analysis

The demonstration analysis involved a synthesis of information contained in the site applications, the baseline local agency reports, the 6-month local agency reports, the final local agency reports, and other site-related materials. Outcome data were analyzed, beginning with a comparison of breastfeeding incidence and duration results during the baseline period with those derived from the demonstration sample.

Study Issues

Several study issues which bear on the interpretation of the study data are discussed below:

- o Different Approaches Used. Interventions differed among sites because local agencies were encouraged to develop their own breastfeeding promotion approaches within the required demonstration components. Thus, differences in outcomes among local agencies may be due either to differences in activities or to differences in site and participant characteristics.

- o Use of a Quasi-experimental, Not Experimental Demonstration Design. Because no pure control group was used, it generally was not possible to compare a "no treatment" group with a treatment group (i.e., those in the intervention vs. those not). Instead, comparisons were made between previous breastfeeding promotion efforts as measured by baseline data and new breastfeeding promotion efforts at the same site as measured during the intervention period. Therefore, differences between baseline and treatment at each local agency may be due to other factors besides treatment.
- o Incomplete Data for Some Demonstration Site Participants. Intervention participants were all prenatal women enrolled in WIC during the first 4 months of the intervention period, and data about breastfeeding duration was obtained up to 3 months postpartum. Therefore, women enrolled in WIC in the fourth month of the intervention who were in their first trimester were not 3 months postpartum by the end of the intervention.
- o Differences in the Nature of Data Collection between Baseline and Treatment. Data were collected from all WIC mothers who had 3-month-old infants during the 3-month baseline period. In a single contact, each such mother provided information regarding ever breastfeeding, breastfeeding at hospital discharge, breastfeeding at 6 weeks, and breastfeeding at 3 months. In the intervention, sites could collect data at two or more points in time.
- o Limitation of Data Collection to Reduce Burden on Local Agencies. Because the demonstration was designed to limit data collection and reporting burden on local agencies, only a limited number of variables were investigated. In addition, because interaction between Development Associates and the local agencies was limited to one site visit early in the demonstration and provision of technical assistance only when requested by local agencies, it was not possible to collect completely standardized and consistent data across sites.

Presentation of Findings

The original scope of work for the project called for a meeting of the project advisory committee to assist in targeting the report for State and local agencies. In addition, Development Associates was to conduct a 2-hour staff training session at the

National Association of WIC Directors meeting to present the results of the demonstration.

However, it was decided that instead of these two sessions it would be more desirable to hold a workshop of representatives from the demonstration sites. Therefore, a 2-day meeting was held at Development Associates on March 12 and 13, 1990. The workshop enabled Development Associates to clarify details from the site reports, amplify findings concerning breastfeeding promotion barriers and lessons learned, and suggest report format and content that would be of greatest utility to readers.

APPENDIX C
DATA COLLECTION INSTRUMENTS

BASELINE REPORT

Due January 20, 1989

A. Identifying Information

A1. Local Agency Name:_____

Address:_____

A2. Name of Local Agency Contact:_____

Title:_____ Telephone:_____

(**Note:** Use additional sheets of paper, if necessary, to completely answer questions in sections B through E. If you have any questions concerning the required or optional information to be reported contact Development Associates (703) 979-0100.)

B. Current Activities

B1. Briefly describe current breastfeeding promotion and support activities if different from that reported in application.

B2. Briefly describe the WIC site's staffing pattern if different from that reported in application.

Baseline Report

- B3. Have any funds or special grants been received for 1988-89, other than the \$12,000 incentive grant, to support WIC breastfeeding promotion activities? If so, please note source and amount.

C. Preparing for Intervention

- C1. Briefly describe the steps taken to develop a breastfeeding committee or group. Note whether any modifications have been made to the breastfeeding committee plan described in the application.
- C2. Briefly describe the steps taken during the baseline period to prepare for the implementation of the prenatal component during the intervention. Note whether any modifications have been made to the prenatal component plan described in the application.

Baseline Report

- C3. Briefly describe the steps taken during the baseline period to prepare for the implementation of the in-hospital and postpartum components during the intervention. Note whether any modifications have been made to the prenatal component plan described in the application.
- C4. Describe any social-cultural barriers or difficulties encountered in developing the various intervention components. Note as well steps taken to overcome these barriers or difficulties.
- C5. Describe any administrative barriers or difficulties encountered in developing the various intervention components. Note as well steps taken to overcome these barriers or difficulties.

Baseline Report

- C6. What expenditures were made from the incentive grant during the baseline period for staff, technical advisors, educational materials, training, and other direct costs? Briefly describe the purpose of major expenses (e.g., \$300 for consultant to conduct a workshop on breastfeeding techniques). If exact costs are not known, estimate amounts. (The purpose of this question is to provide guidelines to others contemplating the development of similar interventions.)

Staff expenditures	Purpose	Cost
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Technical advisor expenditures	Purpose	Cost
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Educ. materials expenditures	Purpose	Cost
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Training expenditures	Purpose	Cost
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Other direct expenditures	Purpose	Cost
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Baseline Report

- C7. What expenditures were made from sources other than the incentive grant during the baseline period for staff, technical advisors, educational materials, training, and other direct costs associated with the demonstration? Briefly describe the purpose of major expenses (e.g., \$300 for consultant to conduct a workshop on breastfeeding techniques). Place an asterisk beside in-kind contributions.

Staff expenditures	Purpose	Cost
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Technical advisor expenditures	Purpose	Cost
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Educ. materials expenditures	Purpose	Cost
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Training expenditures	Purpose	Cost
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Other direct expenditures	Purpose	Cost
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Baseline Report

D. Baseline Minimum Data Set

- D1. Number of WIC mothers included in baseline sample: _____
- D2. Number of infants of WIC mothers in baseline sample who attained the age of 3 months during the baseline period: _____
- D3. WAS INFANT EVER BREASTFED?
- Number of infants who were ever breastfed: _____
- Number of infants who were not ever breastfed: _____
- D4. HOW WAS THE INFANT FED AT HOSPITAL DISCHARGE?
- Number of infants who were:
- Breastfed exclusively _____
- Mixed breastfed and formula-fed _____
- Formula-fed exclusively _____
- D5. HOW WAS THE INFANT FED AT 6 WEEKS?
- Number of infants who were:
- Breastfed exclusively _____
- Mixed breastfed and formula-fed _____
- Formula-fed exclusively _____
- D6. HOW WAS THE INFANT FED AT 3 MONTHS?
- Number of infants who were:
- Breastfed exclusively _____
- Mixed breastfed and formula-fed _____
- Formula-fed exclusively _____

Baseline Report

E. Optional Data Set

- E1. Briefly summarize other participant-level data collected on baseline sample.

SIX-MONTH REPORT

Due July 21, 1989

A. Identifying Information

A1. Local Agency Name: _____

Address: _____

A2. Name of Local Agency Contact: _____

Title: _____ Telephone: _____

(NOTE: Use additional sheets of paper, if necessary, to completely answer questions in sections B through D. If you have any questions concerning the required or optional information to be reported contact Development Associates (703) 979-0100.)

B. Current Activities

B1. Briefly describe the activities of the WIC breastfeeding committee or group which is part of this intervention. Note whether any modifications have been made to the plan described in the application or updated in the Baseline Report.

Six-Month Report

- B2. Briefly describe the prenatal breastfeeding support activities which are part of this intervention. Note whether any modifications have been made to the plan described in the application or updated in the Baseline Report.
- B3. Briefly describe the in-hospital and postpartum breastfeeding promotion and support activities which are part of this demonstration. Note whether any modifications have been made to the plan described in the application or updated in the Baseline Report.
- B4. Describe activities conducted since the end of the baseline period to develop or startup the various components of the intervention.

Six-Month Report

- B5. Describe any social-cultural barriers or difficulties encountered in developing or implementing the various intervention components. Note as well steps taken to overcome these barriers or difficulties.
- B6. Describe any administrative or other barriers or difficulties encountered in developing or implementing the various intervention components. Note as well steps taken to overcome these barriers or difficulties.
- B7. Briefly describe the WIC site's current staffing pattern if different from that reported in application or updated in the Baseline Report.

Six-Month Report

- B8. What expenditures were made from the incentive grant during the first 6 months of the demonstration for staff, technical advisors, educational materials, training, and other direct costs? Briefly describe the purpose of major expenses (e.g., \$300 for consultant to conduct a workshop on breastfeeding techniques). If exact costs are not known, estimate amounts. (The purpose of this question is to provide guidelines to others contemplating the implementation of similar interventions.)

Staff expenditures	Purpose	Cost
--------------------	---------	------

Technical advisor expenditures	Purpose	Cost
--------------------------------	---------	------

Educ. materials expenditures	Purpose	Cost
------------------------------	---------	------

Training expenditures	Purpose	Cost
-----------------------	---------	------

Other direct expenditures	Purpose	Cost
---------------------------	---------	------

Six-Month Report

B9. What expenditures were made from sources other than the incentive grant during the first 6 months of the demonstration for staff, technical advisors, educational materials, training, and other direct costs associated with the demonstration? Briefly describe the purpose of major expenses (e.g., \$300 for consultant to conduct a workshop on breastfeeding techniques). Place an asterisk beside in-kind contributions. If exact costs are not known, estimate amounts.

Staff expenditures	Purpose	Cost
--------------------	---------	------

Technical advisor expenditures	Purpose	Cost
--------------------------------	---------	------

Educ. materials expenditures	Purpose	Cost
------------------------------	---------	------

Training expenditures	Purpose	Cost
-----------------------	---------	------

Other direct expenditures	Purpose	Cost
---------------------------	---------	------

Six-Month Report

C. Intervention Phase Minimum Data Set

C1. Number of prenatal participants enrolled in WIC during the first 4 months of the demonstration. _____

C2. Did all the above women become part of the intervention sample of participants?

Yes _____

No _____

If not all the prenatal women enrolled were included, how many women were excluded: _____

Describe the reasons for their exclusion.

C3. Have any changes occurred, either within or outside the local agency, which might have resulted in women in the intervention phase sample being different from the women in the baseline sample in ways that might affect breastfeeding (e.g., a statewide breastfeeding campaign initiated concurrently with the intervention).

Yes _____

No _____

If yes, please explain below:

Six-Month Report

D. Optional Data

- D1. Briefly summarize any background or demographic data collected on intervention sample participants.

FINAL REPORT

Due January 25, 1990

A. Identifying Information

A.1. Local Agency Name: _____

Address: _____

A.2. Name of Local Agency Contact: _____

Title: _____ Telephone: _____

NOTE: Please use additional sheets of paper, when necessary, to completely answer questions in sections B through E. If you have any questions concerning the required or optional information to be reported, contact Development Associates at (703) 979-0100.

B. Intervention Phase Activities

B.1.a. List the title and organization of each member serving on your breastfeeding promotion committee at the end of the demonstration and indicate subcommittees, if used.

Title

Organization

Focus of Subcommittees:

- B.1.b. Describe any modifications in the breastfeeding promotion committee from the one planned in the grant application. List reasons for any modifications.
- B.1.c. How many times did the breastfeeding promotion committee meet during the demonstration (baseline and intervention periods)? What percentage of the members attended each meeting?
- B.1.d. List accomplishments of the breastfeeding promotion committee.

B.1.e. Describe any administrative barriers of difficulties, or problems encountered in using a breastfeeding promotion committee and how they were addressed.

B.1.f. Note lessons learned (positive and negative) in setting up and using a breastfeeding promotion committee.

B.1.g. Identify and attach or include any materials developed by or used with the coordinating committee.

B.2.a. List types of activities implemented as part of the prenatal breastfeeding component and the frequency with which they occurred.

B.2.b. If any of these activities were different from those proposed in the grant application, identify what was planned in the grant proposal, describe the modifications, and explain the need for them.

B.2.c. Describe any socio-cultural barriers or difficulties encountered in implementing the prenatal component and how they were addressed.

B.2.d. Describe any administrative barriers or difficulties encountered in implementing the prenatal component and how they were addressed.

B.2.e. Describe any other problems encountered with implementing prenatal demonstration activities. (In responding, note the activity, associated problem(s), and how each problem was addressed.)

B.2.f. Note lessons learned (positive and negative) in implementing this component.

B.2.g. Identify and attach any materials used in the prenatal component. (Include materials from all sources.)

<u>Commercial Materials</u>	<u>Source</u>	Cost	
		<u>Single Copy</u>	<u>Multiple Copies</u>

<u>State/Locally Developed Materials</u>	<u>Available to Others Yes or No</u>	Cost	
		<u>Single Copy</u>	<u>Multiple Copies</u>

- B.3.a. List types of activities implemented as part of the in-hospital breastfeeding component and the frequency with which they occurred.
- B.3.b. If any of these activities were different from those proposed in the grant application, identify what was planned in the grant application, describe the modifications, and explain the need for them.

B.3.c. Describe any socio-cultural barriers or difficulties encountered in implementing the in-hospital component and how they were addressed.

B.3.d. Describe any administrative barriers or difficulties encountered in implementing the in-hospital component and how they were addressed.

B.3.e. Describe any other problems encountered with implementing in-hospital demonstration activities. (In responding, note the activity, associated problem(s), and how each problem was addressed.)

B.3.f. Note lessons learned (positive and negative) from in-hospital demonstration activities.

B.3.g. Identify and attach any materials used for the in-hospital component. (Include materials from all sources.)

<u>Commercial Materials</u>	<u>Source</u>	Cost	
		<u>Single Copy</u>	<u>Multiple Copies</u>

<u>State/Locally Developed Materials</u>	<u>Available to Others Yes or No</u>	Cost	
		<u>Single Copy</u>	<u>Multiple Copies</u>

B.3.h. Excluding in-hospital activities covered above, describe other types of activities implemented as part of the postpartum breastfeeding component, and the frequency with which they occurred.

- B.3.i. If these activities were different from those proposed in the grant application, identify what was planned in the grant proposal, describe the modifications, and explain the need for them.
- B.3.j. Describe any socio-cultural barriers or difficulties encountered in implementing the postpartum component and how they were addressed.

B.3.k. Describe any administrative barriers or difficulties encountered in implementing the postpartum component and how they were addressed.

B.3.l. Describe other problems encountered with implementing postpartum demonstration activities. (In responding, note the activity, associated problem(s), and how each problem was addressed.)

B.3.m. Note lessons learned (positive and negative) in implementing this component.

B.3.n. In addition to the in-hospital materials asked for in B.3.g., identify and attach other materials used in the postpartum component.

<u>Commercial Materials</u>	<u>Source</u>	Cost	
		Single	Multiple
		<u>Copy</u>	<u>Copies</u>

<u>State/Locally Developed Materials</u>	Available to Others <u>Yes or No</u>	Cost	
		Single	Multiple
		<u>Copy</u>	<u>Copies</u>

- B.4. Describe staffing pattern during the 12-month intervention at the WIC site. Note any staffing changes that occurred, when they occurred, and why they occurred.

C. Intervention Minimum Data Set

C.1. Total number of women in intervention sample: _____

C.2. Total number of infants of intervention sample mothers for whom there is any infant feeding information: _____

C.3. WAS INFANT EVER BREASTFED?

Number of infants who were ever breastfed: _____

Number of infants who were not ever breastfed: _____

C.4. HOW WAS THE INFANT FED AT HOSPITAL DISCHARGE?

Number of infants who were:

Breastfed exclusively _____

Mixed breastfed and formula-fed _____

Formula-fed exclusively _____

C.5. HOW WAS THE INFANT FED AT 6 WEEKS?

Number of infants who were:

Breastfed exclusively _____

Mixed breastfed and formula-fed _____

Formula-fed exclusively _____

C.6. HOW WAS THE INFANT FED AT 3 MONTHS?

Number of infants who were:

Breastfed exclusively _____

Mixed breastfed and formula-fed _____

Formula-fed exclusively _____

C.7. Of total number of women in intervention sample, number of women who:

- a. Received both a demonstration prenatal intervention and a demonstration postpartum intervention:

_____ (This is group A)

- b. Received a demonstration prenatal intervention but not a demonstration postpartum intervention:

_____ (This is group B)

- c. Received a demonstration postpartum intervention but not a demonstration prenatal intervention:

_____ (This is group C)

- d. Received neither a demonstration prenatal intervention nor a demonstration postpartum intervention:

_____ (This is group D)

C.8. Complete the following matrix with regard to the infants of mothers in groups A through D defined in question C.7. Enter the correct number of infants in the spaces provided.

<u>Group</u>	<u>Ever Breastfed</u>	<u>Infant Feeding at Hospital Discharge</u>	<u>Infant Feeding at 6 Weeks</u>	<u>Infant Feeding at 3 Months</u>
Group A	Yes _____	Exc. breastfed _____	Exc. breastfed _____	Exc. breastfed _____
	No _____	Exc. bottle-fed _____	Exc. bottle-fed _____	Exc. bottle-fed _____
		Mixed _____	Mixed _____	Mixed _____
Group B	Yes _____	Exc. breastfed _____	Exc. breastfed _____	Exc. breastfed _____
	No _____	Exc. bottle-fed _____	Exc. bottle-fed _____	Exc. bottle-fed _____
		Mixed _____	Mixed _____	Mixed _____
Group C	Yes _____	Exc. breastfed _____	Exc. breastfed _____	Exc. breastfed _____
	No _____	Exc. bottle-fed _____	Exc. bottle-fed _____	Exc. bottle-fed _____
		Mixed _____	Mixed _____	Mixed _____
Group D	Yes _____	Exc. breastfed _____	Exc. breastfed _____	Exc. breastfed _____
	No _____	Exc. bottle-fed _____	Exc. bottle-fed _____	Exc. bottle-fed _____
		Mixed _____	Mixed _____	Mixed _____

D. Optional Data

- D1. Briefly summarize on separate sheets other relevant data collected on intervention sample participants (for example, more detailed information on number of prenatal intervention activities participated in by sample women).

E. Reflections and Evaluations

- E1. Identify components of the demonstration which you believe were most effective in promoting or supporting breastfeeding among your participants. Explain why you believe each component was effective.
- E2. Identify components of the demonstration which you believe were least effective in promoting or supporting breastfeeding among your participants. Explain why you believe each component was ineffective.

- E3. Identify any components you believe should be added to improve the breastfeeding promotion model. Explain why you believe the components are needed?
- E4. Which components of the demonstration have been (or will be) incorporated into the ongoing procedures of the site. If these components require resources not included in the regular WIC funding, from where will the resource be obtained?

- E5. Have any changes in the local agency's policies or procedures been made as a result of the demonstration, such as the definition of a breastfeeding woman, or the policy of formula issuance to breastfed infants? Are any changes anticipated?
- E6. Please provide any advice or recommendations you would give to other local agencies planning to implement similar breastfeeding promotion interventions.

F. Intervention Phase Expenditures

F1. Please summarize expenditures from the incentive grant during the baseline and intervention periods to support the demonstration. Indicate through use of parentheses if costs are estimated.

WIC Demonstration Staff and Advisors

<u>Name and Position</u>	<u>Person Days</u>	<u>Cost</u>
(e.g., J. Jimenez - WIC Nutritionist)		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Staff and Advisors		\$ _____

Other Direct Costs

Purchase of Education Materials	
(professional or client)	_____
Equipment Purchase or Rental	_____
Training (e.g., registration fees, honorariums)	_____
Reproduction or Printing	
Rental of Space for Breastfeeding Promotion	
Telephone	_____
Postage	_____
Word Processing/Typing	_____
Travel	_____
Supplies	_____

Other (specify: _____) \$ _____

Other (specify: _____) \$ _____

Total Expenditures: \$ _____

F2. Please summarize expenditures from sources other than the incentive grant during the baseline and intervention periods to support the demonstration. Indicate through the use of parentheses if cost is estimated. Place an asterisk next to any in-kind contributions.

WIC Demonstration Staff Advisors

<u>Name and Position</u>	<u>Person Days</u>	<u>Cost</u>
(e.g., J. Jimenez - WIC Nutritionist)		
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____
Total Staff and Advisors		\$_____

Other Direct Costs

Purchase of Education Materials (professional or client)	\$_____
Equipment Purchase or Rental	_____
Training (e.g., registration fees, honorariums)	_____
Reproduction or Printing	_____
Rental of Space for Breastfeeding Promotion	_____
Telephone	_____
Postage	_____
Word Processing/Typing	_____
Travel	_____
Supplies	_____
Other (specify: _____)	\$_____
Other (specify: _____)	\$_____
Total Expenditures:	\$_____

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